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		RATION AND POWER SIGN, NATIONAL STA			
As a below na	med inventor, I hereby declare that	t:	4,00		
first and sole i	nventor (if only one name is listed	below) or an original, fi	t to my name, I believe I am the original, rst and joint inventor (if plural names are nt is sought on the invention entitled:		
Title:	MEMS BASED MULTI-POLAR	ELECTROSTATIC C	CHUCK		
the specificati	on of which				
(b)w Expr	is attached hereto. as filed on as Serial ess Mail No oplicable).	_, as Serial No. not yet k	nown, and was amended on		
(c) on	vas described and claimed in PCT l and an	scribed and claimed in PCT International Application No			
	that I have reviewed and understarended by any amendment referred		ove identified specification, including the		
	e the duty to disclose information vgulations §1.56(a).	which is material to pater	ntability in accordance with Title 37, Code		
		PRIORITY CLAIM			
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## **POWER OF ATTORNEY**

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (List name and registration number)

Thomas G. Eschweiler, Reg. No. 36, 981 Eric M. Highman, Reg. No. 43,672 Gregory J. Adams, Reg. No. 44,494 William J. Cooper, Reg. No. 44,629 Denis Robitaille, Reg. No. 34,098

The undersigned to this declaration and power of attorney hereby authorizes the U.S. attorney(s) named herein to accept and follow instructions from Name(s) of authorized representative(s) Address as to any actions to be taken in the Patent and Trademark Office regarding this application without direct communication between the U.S. attorney(s) and the undersigned. In the event of a change in the person(s) from whom instructions may be taken, the U.S. attorney(s) will be so notified by the undersigned. Direct Telephone Calls To: Send Correspondence To: (name and telephone number) Thomas G. Eschweiler Thomas G. Eschweiler ESCHWEILER & ASSOCIATES, LLC (216) 502-0600 National City Bank Building 629 Euclid Avenue, Suite 1210 Cleveland, Ohio 44114 I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with knowledge that willful false statements and the like are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued therein. Full name of sole or first inventor\_\_\_\_\_ Inventor's signature: Date: 8/13/03 Country of Citizenship: Residence: Essex. Massachusetts 94 John Wise Avenue Post Office Address: Essex, Massachusetts 01929 Full name of second joint inventor, if any: Inventor's signature: Malden, Massachusetts 47 Francis Street, #2 Post Office Address: Malden, Massachusetts 02148

CHECK FOR ANY OF THE FOLLOWING ADDED PAGE(S) WHICH FORM A PART OF THIS DECLARATION

X Signature for third and subsequent joint inventors. Number of pages added 1.

Full name of third joint inventor, if any:	Douglas A. Brown
Inventor's signature:	Durfes a Bru
Inventor's signature:  Date: 37 13 1200 3 Country of Citizenship:	U.S.A.
Residence:	S. Hamilton, Massachusetts
Post Office Address:	79 Postgate Road
	S. Hamilton, Massachusetts 01982

## CHECK FOR ANY OF THE FOLLOWING ADDED PAGE(S) WHICH FORM A PART OF THIS DECLARATION

X This declaration ends with this page.